



State of Arizona
Naturopathic Physicians Medical Board

"Protecting the Public's Health"

1400 W. Washington, Ste. 230 Phoenix, AZ 85007 Phone 602 542-8242 Fax 602 542-3093 www.aznd.gov

APPLICATION FOR REINSTATEMENT OF MEDICAL LICENSE

Incomplete or unreadable applications may be denied by the Board. Application and Fingerprint Card Processing Fees are Not Refundable. Alternative format of Submitting This Application: An individual with a disability who, as a result of that disability, requires this application in an alternative format may contact the Board's Americans with Disability coordinator at Voice Telephone Number (602) 542-3095, or through Voice Replay Service at (800) 842-4681 or the TTY Service at (800) 367-8939 to make the need known. THIS APPLICATION AND ANY DOCUMENT SUBMITTED WITH THIS APPLICATION BECOMES THE PROPERTY OF THE STATE OF ARIZONA AND IS NOT RETURNED TO THE APPLICANT. FEES ARE NOT REFUNDABLE. Pursuant to A.R.S. § 41-1030 (B) An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition. Pursuant to A.R.S. §41-1030 (D) This section may be enforced in a private civil action and relief may be awarded against the State. The Court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the State for violation of this section. Pursuant to A.R.S. §41-1030 (E) A State employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the Agency's adopted personnel policy. Pursuant to A.R.S. §41-1030 (F) This section does not abrogate the immunity provided by Section 12-820.01 OR 12-820.02.

This Application is for:

☐ Reinstatement of **Retired** Medical License: Application Fee \$165.00

☐ Reinstatement of **Expired** Medical License ALL Renewal and Late Fee(s) **Contact the Board to find out the exact amount due.**

☐ Reinstatement of **Revoked** Medical License - Application Fee \$225.00

Reinstatement of a **Surrendered** Medical License - Must apply as a new applicant. Use New Applicant form, www.aznd.gov

Applicant's Name: _____
Last First Middle

If license was originally issued under another name, indicate name: _____

Business Address: _____ Ste.# _____

City: _____, State/Province: _____ Zip: _____

Email Address _____

Home Address: _____ Apt # _____

City: _____, State/Province: _____ Zip: _____

Mailing Address: _____ Apt/Ste# _____

City: _____, State/Province: _____ Zip: _____

Cell Phone (_____) _____ Other Telephone: (_____) _____

Date of Birth: ____/____/____ Place of Birth: _____
City State/Province Country

Social Security Number or United States Resident Immigration ID Number: _____

☐ Male ☐ Female

Medical College Attended: _____

Date of Graduation: _____ Date of Clinical Training Completion: _____

Pursuant to A.R.S. 32-1525, an applicant for licensure in the State of Arizona must take and pass the North American Board of Naturopathic Examiners (NABNE) NPLEX examinations.

- A. Part One: I took and passed the NPLEX Basic Sciences Examination. ☐ Yes ☐ No
- B. Part Two: I took and passed the NPLEX Clinical Science Examination ☐ Yes ☐ No
- C. I took and passed the NPLEX Acupuncture add on . ☐ Yes ☐ No
- D. I took and passed the NPLEX Minor Surgery add on ☐ Yes ☐ No

List all license and certificates that are held by you, were held by you, or denied by any licensing agency. Applicants are required to request each agency listed below to verify the status of the license or certificate. The document for requesting said information is enclosed with this application. It may be copied as needed.

Name of Licensing Agency	Location	Status of License or Certificate	Next Renewal Date

You are required to answer all of the following questions:

1. Have you ever been arrested, charged with, convicted of, or entered into a plea of no contest to a felony or a misdemeanor? [☐] Yes [☐] No
2. Have you ever had a license/certificate, including a driver's license, suspended or revoked by any agency? [☐] Yes [☐] No
3. Have you ever been disciplined by any agency for any act of unprofessional conduct as defined in Arizona Revised Statutes, Section 32-1501? [☐] Yes [☐] No
4. In lieu of disciplinary action by an agency, have you ever entered a consent agreement or stipulation with a licensing agency? [☐] Yes [☐] No
5. Do you have a complaint and/or investigation pending before any agency? [☐] Yes [☐] No
6. Have you ever had the authority to prescribe, dispense, or administer a natural substance, drug, or device limited, restricted, modified, denied, surrendered or revoked by a federal state agency or court of law, in any state, district or territory of the United States or another country? [☐] Yes [☐] No
7. Have you ever been found guilty of being medically incompetent? [☐] Yes [☐] No
8. Have you ever been a defendant in any malpractice matter that resulted in a settlement or judgment? [☐] Yes [☐] No
9. Do you have any medical condition that in any way impairs or limits your ability to practice medicine? [☐] Yes [☐] No

• **An applicant is required to submit a written supplement to this application if the answer is Yes to any of the above questions.**

• **The Fact that a conviction and/or criminal offense has been pardoned, expunged or dismissed, or that your civil rights have been restored does not mean that you can answer "No" to the questions.**

The Criminal Justice Information Report received by the Board from the United States Department of Justice Federal Bureau of investigation is inclusive of all arrests including juvenile arrests even when records are expunged by a court of law. In a written supplemental statement to the Board, an applicant is required to list all arrests, pleas and convictions, jail or prison time served and any probation served. Failure to provide complete information for questions answered Yes on this page may require the applicant to appear before the Board for a personal interview.

[☐] Yes [☐] No I submitted a written supplement to this application for the above questions

In the event you answered yes to any of the above questions, you may be requested to supply the board with court records, or other information.

ARIZONA STATEMENT OF CITIZENSHIP OR ALIEN STATUS FOR STATE PUBLIC BENEFITS

Professional License and Commercial License

Arizona Naturopathic Physicians Medical Board

Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the "Act"), 8 U.S.C. § 1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, non-exempt "qualified aliens" (and sometimes only particular categories of qualified aliens), nonimmigrants, and certain aliens paroled into the United States are eligible to receive state, or local public benefits. With certain exceptions, a professional license and commercial license issued by a State agency is a State public benefit. **Arizona Revised Statutes § 41-1080 requires, in general, that a person applying for a license must submit documentation to the licensing agency that satisfactorily demonstrates the applicant's presence in the United States is authorized under federal law.**

Directions: All applicants must complete Sections I, II, and IV. Applicants who are not U.S. citizens or nationals must also complete Section III. Submit this completed form and a copy of one or more document(s) from the attached "Evidence of U.S. Citizenship, U.S. National Status, or Alien Status" with your application for license or renewal. If the document you submit does not contain a photograph, you must also provide a government issued document that contains your photograph. You must submit supporting legal documentation (i.e. marriage certificate) if the name on your evidence is not the same as your current legal name.

SECTION I - Applicant's Name_____

SECTION II - CITIZENSHIP OR NATIONAL STATUS DECLARATION See Document List Below.

Are you a citizen or national of the United States? ☐ Yes ☐ No If you answered **yes**,

1) Attach a legible copy of a document from the list below.

2) Name of Document_____

3) Go to section IV.

If you answered **No**, you must complete Section III and IV

SECTION III-ALIEN STATUS DECLARATION To be completed by applicants who are not citizens or nationals of the United States. Indicate alien status by checking the appropriate box. I have alien status allowing me to be in the United States and obtain public benefits. ☐ Yes ☐ No

Attach a legible copy of the document you are supplying as evidence of alien status. The complete list is appropriate documents is available on our website or the Arizona Revised Statutes Website under **Statutes § 41-1080**

Name of document provided_____

Qualified Alien Status (8 U.S.C.§§ 1621(a)(1),-1641(b) and (c)), Nonimmigrant Status (8 U.S.C. § 1621(a)(2)), Alien Paroled into the United States For Less Than One Year (8 U.S.C. § 1621(a)(3)), Other Persons (8 U.S.C § 1621(c)(2)(A) and (C)

SECTION IV - Declaration ALL APPLICANTS MUST COMPLETE THIS SECTION

I declare under penalty of perjury under the laws of the state of Arizona that the answers and evidence I have given are true and correct to the best of my knowledge.

Signature of Applicant

Evidence showing U.S. citizen or U.S. national status includes the following:

a. Primary Evidence:

- (1) An Arizona driver license issued after 1996 or an Arizona nonoperating identification license issued after 1996,
- (2) A United States birth certificate
- (3) United States passport;
- (4) A foreign passport with a United States visa.
- (5) A United States citizenship and immigration services employment authorization document or refugee travel document.

See Arizona Revised Statutes § 41-1080 for a complete list

TO BE COMPLETED BY APPLICANTS FOR REINSTATEMENT OF A

RETIRED LICENSE: 32-1528(D), the Board may reinstate a retired physician to active practice on payment of the annual renewal fee and presentation of evidence satisfactory to the board that the physician meets the qualifications under 32-1522 (A) (4,5,6). (E) If an applicant for reinstatement of a retired license has not been licensed and actively practicing in a jurisdiction of the U.S. or Canada in the three years immediately preceding the application, the board may issue a limited license that requires a period of general or direct supervision by another licensed naturopathic physician not to exceed one year.

You are required to submit 30 hours of CME for the year you are reinstating your license.

Have you submitted proof of CME with this application? ☐ Yes ☐ No

Have you been licensed and actively practicing in a jurisdiction of the United States or Canada in the three years immediately preceding this application? ☐ Yes ☐ No

TO BE COMPLETED BY APPLICANT FOR REINSTATEMENT OF AN

EXPIRED LICENSE 32-1526. Licenses; certificates; issuance; renewal; failure to renew The board may reinstate a license or certificate on payment of all renewal and penalty fees as prescribed in section 32-1527 and, if requested by the board, presentation of evidence satisfactory to the board that the applicant for reinstatement of an expired license is professionally able to engage or assist in the practice of naturopathic medicine and still possesses the professional knowledge required. If an applicant for reinstatement of an expired license has not been licensed and actively practicing in a jurisdiction of the United States or Canada in the three years immediately preceding the application, the board may issue a limited license that requires a period of general supervision by another licensed naturopathic physician not to exceed one year.

Pursuant to R4-18-207, an applicant for reinstatement of an expired license **must demonstrate completion of 30 hours of continuing medical education for each year the license has been expired.**

Have you submitted proof of CME with this application? ☐ Yes ☐ No

Have you been licensed and actively practicing in a jurisdiction of the United States or Canada in the three years immediately preceding this application? ☐ Yes ☐ No

TO BE COMPLETED BY APPLICANTS FOR REINSTATEMENT OF A

REVOKED MEDICAL LICENSE 32-1552 The applicant must submit with this application substantial evidence showing that the basis for the revocation has been removed and that the reissuance of the revoked license will not constitute a threat to the public health or safety. The Board shall make its determination in each application as it deems consistent with the public health and safety and just in the circumstances.

You are required to submit 30 hours of CME for the year you are reinstating your license.

Have you submitted proof of CME with this application? ☐ Yes ☐ No

List the evidence you are submitting with this application showing the basis for revocation has been removed.

I have attached the required evidence to this application ☐ Yes ☐ No

ALL APPLICANT MUST COMPLETE THE FOLLOWING

Subscribed And Sworn To Before A Notary Public:

State of _____)

County of _____)

Print The Applicant's Full Name: _____ **being first duly sworn upon his or her oath deposes and says all of the following:** I am the person named in this application. I have read and understand the contents of this application. The information contained in this application is true and correct to the best of my ability and the information submitted is without fraud, deceit or misrepresentation. I hereby authorize any hospital, institution, organization, personal physician, past or present employer, past or present business or professional associate or any local, state, federal or foreign governmental agency to release any information to the State of Arizona in connection with my application and state that a photocopy of this authorization shall have the same effect as the original. I also authorize the State of Arizona Naturopathic Physicians Medical Board, or its successor, to release any information submitted by me, upon request, to the public or to any licensing agency, or to any other person, when such request is required or permitted by Arizona Revised Statutes. I acknowledge that any falsification in my application is cause to deny my application or for the Naturopathic Physicians Board of Medical Examiners to hold a hearing to revoke any naturopathic medical student internship, preceptorship or preceptorship training registration that is issued to me by the Board. I authorize the Board to tape record any application interview that is conducted of myself in regards to this application.

Signature of Applicant: _____

Subscribed and sworn to before me this _____ **day of** _____, **200** _____

(OFFICIAL STAMP)

Notary Public Signature

Requirements for Licensure in the State of Arizona

The successful completion of the Jurisprudence Examination is a requirement of the State of Arizona Naturopathic Physicians Board of Medical Examiners for licensure. Arrangements to take the examination can be made by contacting the Board office. SEE THE WEBSITE TO REVIEW ALL REQUIREMENTS FOR LICENSURE www.aznd.gov

Pursuant to A.R.S. 32-1522

A. To be eligible for a license to practice naturopathic medicine pursuant to this chapter, the applicant shall:

- (1) Be a graduate of an approved school of naturopathic medicine.
- (2) Have satisfactorily completed an approved internship, preceptorship or clinical training program in naturopathic medicine.
- (3) Possess a good moral and professional reputation.
- (4) Be physically and mentally fit to practice as a doctor of naturopathic medicine.
- (5) Not be guilty of any act of unprofessional conduct or any other conduct which would be grounds for refusal, suspension or revocation of a license under this chapter.
- (6) Not have had a license to practice any profession refused, revoked or suspended by any other state, district or territory of the United States or another country for reasons which relate to his ability to skillfully and safely practice as a physician in this state.
- (7) File a completed application pursuant to section 32-1524 and pass the examination provided for in section 32-1525

B The Board may:

Require an applicant to submit credentials or other written or oral proof. Make investigations it deems proper to adequately advise the Board with respect to the qualifications of an applicant.

Also

Check List for Applicant

- ☐ Yes ☐ No I have enclosed a passport size photograph and have printed my name on the back
- ☐ Yes ☐ No I have enclosed with this application my fingerprint card completed by a fingerprint technician. The Board does not process fingerprint cards. The card is sent to Arizona Department of Public Safety , **please send a money order payable to DPS in the amount of \$22.00.** That agency processes the card and transmits the card to the United States Department of Justice Federal Bureau of Investigation. That Bureau reads the fingerprints and provides a Criminal Justice Information Report to the Board. ***This fee is not refundable.***
- ☐ Yes ☐ No I have provided the appropriate application fee. Fees are not refundable
- ☐ Yes ☐ No I have provided the required documentation of evidence I can legally work in Arizona as a Naturopathic Physician.
- ☐ Yes ☐ No I have provided proof of complete of CME
- ☐ Yes ☐ No I have submitted all the required information with this application.

Please be aware: Applications are processed in the order in which they are received. Once the application has been reviewed by board staff, a notice will be emailed to you outlining any deficiencies found during the initial review. You will be given 365 days from the date of the notification to submit any deficiencies to board staff. Once your application is complete, it will be reviewed by the board. Applications are not considered complete prior to receipt of the background report from FBI/DPS-

Verification of License, Registration or Certificate, Current Standing or Reason for Denial.

Notice to Applicant: You are required to send this form to each statutorily appointed licensing agency or board that issued or refused to issue you a professional or occupational license or certificate in the practice of medicine or in any healing art. It is your responsibility to correctly identify yourself to that agency or board and pay them a fee, if any, for remitting the information to the State of Arizona.

AGENCY NAME: _____ **Phone:** _____

ADDRESS: _____ **City,** _____ **State** _____ **Zip** _____

APPLICANT NAME: _____ **LICENSE/CERTIFICATION No.** _____

I have submitted an application of licensure to the State of Arizona to obtain a medical license from the Naturopathic Physicians Board of Medical Examiners. I hereby authorize you to send directly to the state of Arizona the information requested herein and to report any disciplinary action that is pending or that has been taken against my license, registration or certificate:

Signature of Applicant Required

Date

AGENCY REPRESENTATIVE PLEASE COMPLETE THE FOLLOWING

Is the person named on this document licensed, registered or certified by your Agency or Board? ☐ Yes ☐ No

Name of the individual
as it appears in your records: _____

Type of license, Registration or Certificate: _____ Date of initial issuance: _____

License, registration or certificate number: _____

Is the license, registration or certificate currently active: ☐ Yes ☐ No

If NO, list the reason:

Is an action pending or has any action been taken against the applicant? ☐ Yes ☐ No

If YES, provide information regarding any action pending or taken against the individual.

Copies may be attached to this document

Was a license, registration or certificate denied to this applicant? ☐ Yes ☐ No

If DENIED, provide the date and the reason for the denial.

Signature of Agency Representative

Title

Date

Agency Seal

**Return this document to: State of Arizona Naturopathic Physicians Medical Board
1400 W. Washington, Ste. 230 Phoenix, AZ 85007 Telephone: 602-542-8242 FAX: 602-542-3093**